



Hamilton

Planning & Economic Development, Animal Services
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E-mail: AnimalServices@hamilton.ca
www.hamilton.ca/animalservices

CHANGE OF ANIMAL OWNERSHIP

ANIMAL INFORMATION	
Animal Type:	Breed:
Gender:	Pet Name:
Spayed/Neutered:	City Tag #:
Microchip #:	Licence File #:
Age:	Colour(s):

NEW (Current) OWNER INFORMATION	
Last Name:	First Name:
Address:	Unit #:
Municipality:	Postal Code:
Home Phone:	
Business Phone:	Ext:
Cell Phone:	
Email Address:	

PREVIOUS OWNER INFORMATION	
Last Name:	First Name:
Address:	Unit #:
Municipality:	Postal Code:
Home Phone:	
Business Phone:	Ext:

RELEASE AUTHORIZATION
<input type="checkbox"/> I authorize the City of Hamilton to release my contact information to any person that has found my animal.
Owner Signature:
Date: